

# **Groundwater Remediation Application**

### **SECTION A - GENERAL INFORMATION**

1	Applicant (Discharger):	
2	Mailing Address:	
3	Billing Address:	
4	Telephone Number:	
	FAX Number:	
	E-mail:	
5	Discharge Address:	
6	Assesor's Parcel Number (APN):	
	_	
7	Discharge Point (s):	
8	Company Performing Site Remediati	ion:
		_
9	Individual Responsible for Wastewa	ter Discharge:
	Name:	
	Position:	
	Telephone Number:	
	Cell Phone Number:	
	E-mail:	

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**SECTION B - Discharge Information** 

1	Wastewater Sources:	
2	Time of Discharge:	
3	Days per week:	
4	Months of operation:	
5	Number of operating days per	year:
6	Peak Discharge Rate (gpm):	
7	Peak Flow (MGD):	
8	Total Annual Flow (MG):	
9	Solid Waste Sources:	
10	Disposal of Solid Waste:	

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**SECTION C - Batch Discharges** 

SECT	ION C - Batch Discharges		
1	Volume of Treated Groundwater Discharged per Month	Treatment of Batch Prior to Discharge (Neutralization, Precipitation, etc.)	Day and Time of Discharge
2	Schematic Flow Diagram		
	the flow of materials, products, water, wastewater. Indicate which processes use water discharges to the sanitary sewer. Use these numbers when showing the position of and which generates waste streams. Include the average daily volume and maximum daily volume of each wastestream. If using estimates, this must be stated. Number each unit process having wastewater that unit processes in the building layout diagram in the next section:		

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#### **SECTION D - Groundwater Treatment**

1	Provide a descrption	n of the treatment devices and processes that will be used	j
	for treating the cor	taminated groundwater	
2	Describe the pollut	ant loadings , flow rates, design capacity, physical size, and	1
	operating procedures of each treatment device and process identified above		
	for treating the contaminated groundwater		
3	Do you have a grou	ndwater treatment system operator?	
		□ Yes □ No	
	Name:		
	Title:		
	Phone Number:		

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### **SECTION E - Groundwater Contaminants Identified**

1	Characteristics of Discharge
	Identify what groundwater contaminants will be present or are suspected to be
	present in the groundwater being treated (Provide analytical results):
2	Identify any chemicals or additives used in the groundwater treatment process:
3	Describe all chemical and waste storage containers that will be kept on site.
	Include the location, container size and type, and contents of each
	chemical or waste storage container:
4	Have you developed an accidental spill plan for this groundwater remediation operation?
	☐ YES - Attach copy to application
	□ NO - Plan must be submitted within 60 days of permit issuance
	☐ Not Applicable - No floor drains or only domestic wastes

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## **SECTION F - Other Information**

1	Non-Discharged Wastes			
	Will there be any waste liquids or sludges generated by the groundwater			
	treatment process that will NOT be disposed of in the sanitary sewer?			
		☐ YES		
	□ NO			
	If yes, please complete th	e complete the following table:		
	Waste Generated	Quantity (Year)	Disposal Method	
2	<b>Enviromental Permits</b>			
	List all other environment	al permits applicable to this	groundwater	
remediation (federal, state, local).				
	Regulatory Agency	Permit Number	<b>Expiration Date</b>	

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#### **SECTION G- CERTIFICATION**

Enter the name and title of the person signing the application, along with their mailing address, phone number, and email address. The person signing the application must meet the signatory criteria as specified in Watsonville Municpal Code 6-3.100 (d)

https://www.codepublishing.com/CA/Watsonville/#!/Watsonville06/Watsonville0603.html#6-3.100

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathering and evaluate the information submitted. Based on my inquiry of the person or persons who mange the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Printed Name:	
Title:	
Company Name:	
NAcilias Adduses	
Mailing Address:	
Email Address:	
Phone:	
Signature:	
Date:	

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